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dark. The offspring of this degenerate creature, though sired by a vigorous and intelligent dog, show the effect of the alcohol in the third generation. No absinth at all was given, but of the three pups that she bore, one died in a few hours, was club-footed, had several atrophied toes, deviation of the apex of the heart to the right, and other physical anomalies. Another died five days old, very thin and athreptic, with the foramen of Botal still open. And the third at fifty days of age was reported intelligent, but is touched with *carreau* and has atrophy of the hind quarters. The degeneration is in this case, therefore, greater in the third than in the second generation.

E. C. S.

### III.—ABNORMAL.

*Apraxia and Aphasia.* Dr. M. ALLEN STARR. Medical Record, Oct. 27, 1888.

The possibility of successful surgical treatment of many brain troubles has given an immense significance to all mental symptoms that can point to the seat of the lesion. It is with the practical aim of stimulating the observation and recording of such symptoms that Dr. Starr makes his exposition of apraxia, aphasia, and related states. The term "apraxia" is relatively new in neurology, and is used to cover a class of mental disturbances of which "psychic blindness" and "psychic deafness" are the best known examples. The physical basis of the concept of any object is an associated group of the residua of the sense impressions of it, retained in the various sensory centres of the brain. As the result of localized brain disease, one or more of these centres may be destroyed, or suffer a more or less complete severance of its connections with the rest. If the disease affects the visual factor, the patient may be able to see an object before him, but only know by inference from its giving utterance to a human voice that it is a human being. Or if the disease affects the auditory factor, he may be able to hear and recognize music, but not to understand words said to him. Apraxia is, in general, the "inability to recognize the use or import of an object"; and there may be as many forms of it as there are senses. Like aphasia, it is caused, so far as known, only by disease on the left hemisphere in the right-handed. In every educated person there is beside this concept-group, a word-group associated with it and made up of the residua of sensations connected with the heard, spoken, seen, and written word. By disease of the elements of this group the various aphasias, word-deafness, word-blindness, agraphia, etc., are produced; by the severing of some of its connections, paraphasia. The author gives a brief account of these, with a schedule of the points to be examined in making a diagnosis of them; also two tables analysing 15 cases of apraxia, and four cases from his own observation of word-deafness, word-blindness, paraphasia, etc. The article gives in brief space much matter of interest to the psychologist.

*Versuch einer Darstellung unserer heutigen Kenntnisse in der Lehre von der Aphasie.* ERNST MALACHOWSKI. No. 324 in Volkmann's Sammlung klinischer Vorträge.

A great point in such a presentation is clearness, and in this the author succeeds admirably. With a frequent use of schematic

diagrams he demonstrates the centres involved in speech and their connections, discusses the possible lesions of both and the resulting language symptoms, and finally makes such connections as are at present possible between the diagrams and actual brain structure. In his presentation he generally follows Wernicke.

*Verhalten der musikalischen Ausdrucksbewegungen und des musikalischen Verständnisses bei Aphasischen.* H. OPPENHEIM, in the *Charité Annalen*, XIII Jahrg. 1888; reviewed in *Neurol. Centralbl.* No. 18, Sept. 15, 1888.

In 16 cases of aphasia the author found 11 in which the ability to sing and to understand melodies remained, in spite of a more or less complete loss of active speech and, in most, of the understanding of spoken words. A careful analysis of the cases, however, revealed that almost every one retained the language of emotion, and to some extent mechanical automatic speech. By the presence of these the author explains the preservation of the musical capacity. The other 5 cases were not worse than some among the 11; they nevertheless showed loss of musical understanding, though two at least were known to have been able to sing. The difference of the groups leads the author to the conclusion that musical capacity may perhaps be located in a distinct area of the left hemisphere. In support, by analogy, he recalls a case observed by himself in which the memory images of numbers were destroyed by disease in the right hemisphere without disturbance of speech.

*Ein Fall von Alexie mit rechtsseitiger homonymer Hemianopsie ("subcortical Alexie," Wernicke).* Drs. L. BRUNS and B. STÖLTING. *Neurol. Centralbl.* No. 17, 1888.

The patient, a man 51 years old, had an apoplectic attack, with disturbance of vision and right paraesthesia, but without definite paralysis. He showed a little difficulty in naming objects, occasionally was unable to do so, was a little paraphasic, and for a few days somewhat disturbed mentally. About a month after the attack he was carefully examined by the writers. His vision was found right hemianopic; he was a little awkward in the finer movements of the fingers of his right hand. There were transient signs of psychic blindness, scarcely noticeable paraphasia, and possibly slight weakening of mind. But he still had difficulty in naming objects. Occasionally he could recall their names after touching them, but sometimes had to resort to circumlocution. He could easily repeat the names when given them, or point to the object when he heard the name. He could read short words and letters at first, but later could not do so, though he could find a given letter among a few others when told to do so. He could read script letters, with a few exceptions, and, somewhat bunglingly, short written words, and could copy script. He also knew the Arabic figures, but in naming them and the script letters he was seen a number of times to make motions of writing; when his hand was put through such motions by some one else, he recognized the letters and words written, but the same failed when the forms of printed letters were followed. He could write from dictation or spontaneously, but could not after a few minutes read what he had written. In brief, the case is one of hemianopsia with almost pure alexia, the little power of reading that remained depending on the associated movements of writing.